

ECY 040-1-14

Rev. 7/97 \* \* f

**APPLICATION** 

# State of Washington Application for a Water Right

For Ecology Use	
Fee Paid 10 10	-
Date 6/25/09	/

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGAN	NIZATION, OR WATER SYSTEM
Name Nolan Ree Farems	Home Tel: (360) 445 - 3094
Mailing Address 1514 Deaget (if Rd	Work Tel: ()
City Mt. WNON State Wazip 49827	73+ FAX: ()
· Although you wall the property of the world	
Section 2. CONTACT - PERSON TO CALL  Same as above	ABOUT THE APPLICATION
Name Nolan Rel	Home Tel: (3160) 445 - 3094
. / / / / / / /	Pel Work Tel: ()
Mailing Address 1514 Spaget (1ty City Mt. UMNON State WA-Zip+4 988	
City 110 - Coll of State 01 - 21p+4 900	FAX. (
Relationship to applicant <u>OWNU</u>	
Section 3. STATEMENT OF INTENT	
	(Agallons per minute or
The applicant requests a permit to use not more than	ground water source (check only one) for the purpose(s)
of Irrestion decount oroute, a	ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instruction)	ons.) NOTE: A tax parcel number or a plat number is not
sufficient. Estimate a maximum annual quantity to be used in acre-foot p	per year. 128 Minl. Let
Estimate a maximum aimaa quantity to be ased in acto tool	sor your.
☐ Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4 WATER SOURCE	
Section 4. WATER SOURCE	是由自己的主义是是由的特别的是一种特别的。
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring,	A permit is desired for well(s).
lake, etc. If unnamed, write "unnamed spring,"	
"unnamed stream," etc.:	
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s):
Staget Bory	NA
Shage reg	
LOCATION	PRESENTATION OF THE SECOND SEC
Enter the north-south and east-west distances in feet fr	om the point of diversion or withdrawal to the nearest
section corner: 1330'W WHIL NE	corner of section 1
	U. The state of th
	The first of the common state of the second st
1/4 of 1/4 of Section Township Range (E/W	If location of source is platted, complete below:
and the state of t	Lot Block Subdivision
	0 b . I
GOVERNMENT LOTS / 33N 3E	Daget
For Ecology Use Date Received: 6/25/98 Prior	ity Date: 6/25/98
SEPA: Exempt Not Exempt FERC License #	Dept. Of Health #
Date Accepted As Complete 6/30/98 By PW I	Date Returned By WRIA: 75

Appl. No.:

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION	n tind apply by sile Manner (1, 2, 1, 2)		COURSE TO
A.	Name of system, if named:			
B. A an	Briefly describe your proposed water system. (See instructions.) We would be supported when irrigation is de Jaced be dessel powered by a 150H. P. M. direct mounted pump with a capacity	one u	Me of The po	Wags
W. D. 1.	ild which would go thru an wright of 300', of hose and cover a width of 300'-35	) too	ke to ethak eyeng unn	the
C.	Do you already have any water rights or claims associated with this property or system PROVIDE DOCUMENTATION.	m?	☐ YES	ØNО
### CAT 13 (174)	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFompleted for all domestic/public supply uses.)	ORMA'	<b>FION</b>	
A.	Number of "connections" requested: Type of connection(Homes_A	nartment	Recreationa	l etc)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water a County Health Department.	` *i	☐ YES	□NO
Cor	mplete C. and D. only if the proposed water system will have fifteen	or mor	e connect	ions.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved.	proved ver	☐ YES	□ NO plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved.	proved ver	☐ YES	□ NO plan.
(C	ection 7. IRRIGATION/AGRICULTURAL/FARM INFORMAT			
A.	Total number of acres to be irrigated:			
B.	List total number of acres for other specified agricultural uses:			
	Use Acres Use Acres			
	Use Acres			
C.	Total number of acres to be covered by this application:		a Washington	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)			
	Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).			
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no.:     </li> </ol>		☐ YES ☐ YES	NO
E.	Farm uses: Stockwater - Total # of animals Animal Type Dairy - # Milking # Non-milking	NS 70		elow)

## Section 8. WATER STORAGE

Will	you b	e using a	dam,	dike,	or other	structure	to retain	or store w	ater?
------	-------	-----------	------	-------	----------	-----------	-----------	------------	-------

☐ YES X NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

#### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Deading North on I5-take on to spit 231-lyboarase freeway, you mile turn hight onto find Island Road, cross Skaget River, turn right at hollow of bridge onto Skaget Coty Road. Follow road about 3 miles - Jarm is on left Selv.

# Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

YES NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

We rent the land from: Monte à Luange Heerdes

P.O.Box 574, Concerey, Ub. 98238-0574

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

XYES □ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

andowner for place of use (if some as applicant write "some")

Date

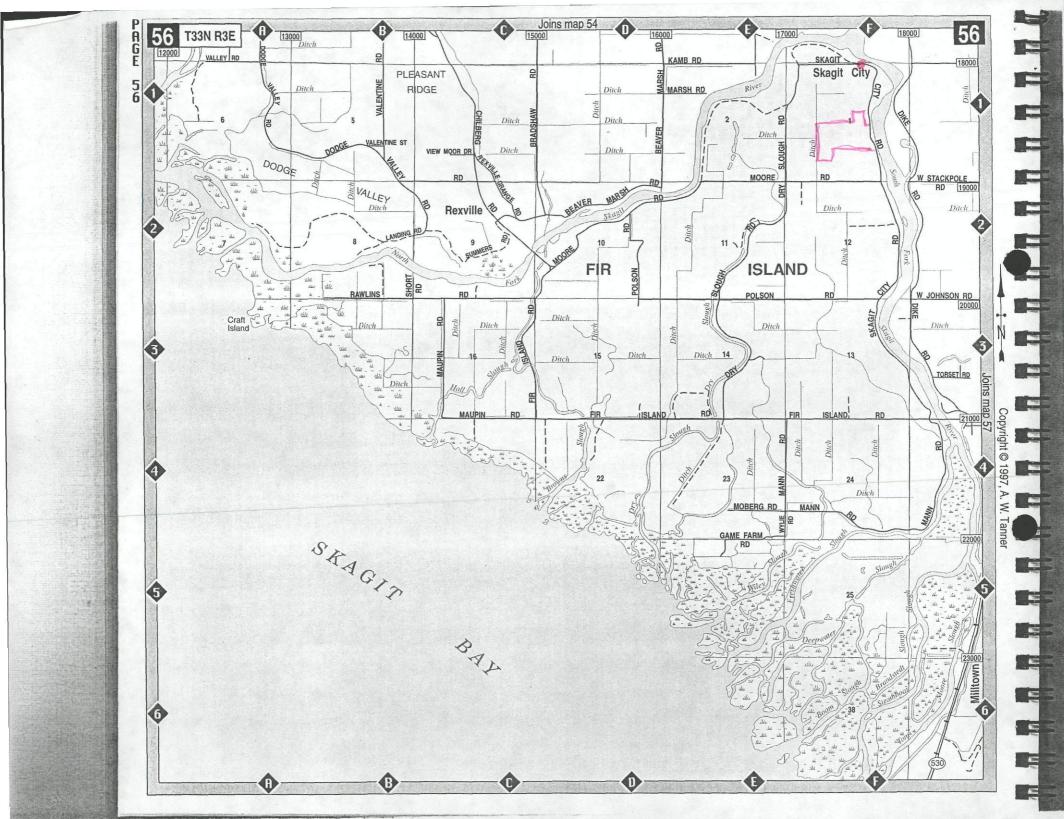
We are returning your application for the following reason(	s):	e en la marcha de la cale la caracteria de la cale de l Cale de la cale de la c
Examination fee was not enclosed		APPLICANT PLEASE
		RETURN TO CASHIER,
		PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN TO THE
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r proportion de la company de la company Englishe de la company de Englishe de la company de	Androx and and provided and a second	OFFICE
Explanation:	ាមការប្រកាសន៍ការប្រកាសន៍ការប្រ ក្រុមប្រកាសពីការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកា ក្រុមប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន៍ការប្រកាសន	OFFICE
Explanation:	ាមការស្វែក សាក្រាស់ក្រោម ម៉ែក ក្រុមប្រជាពលរដ្ឋសិក្សាស្វែក ម៉ែកការប្រជាពលរបស់ការប្រជាពលរបស់ការប្រជាពលរបស់ការប្រ	OFFICE
Explanation:	- โดยกับ หน้า สมาชิกเสนาสาย เส การจาก และเรื่องกฎให้กระกับสื่อกับ	OFFICE
Explanation:	់មកម្រាស់ សម្រាស់ប្រជាជាក្រុម មិចប្រ ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រាជ្ជាក្រុម ប្រជាជាក្រុម ប្រជាជាកិត្ត ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាកិត្ត ប្រជាជាកិត្ត ប្រជាជាកិត្ត ប្រជាជិត្ត ប្រជាជាកិត្ត ប្រជាជាក្រុម ប្រជាជាកិត្ត ប្រជាជាក្រុម ប្រជាជិតិត ប្រជាជាកិត្ត ប្រជាជិតិតិតិសាក្រិត ប្រជាជិតិតិសាក្រិត ប្រជាជិតិតិសាក្រិត ប្រជាជិតិសាក្រិត ប្រជាជិតិសាក្រិត ប្រជាជិតិសាក្រិស ប្រជាជិតិសាក្រិស ប្រជាជិតិសាក្រិស ប្រជាជិតិសាក្រិស ប្រជាជិតិសាក្រិសិ	OFFICE
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Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



SKAGIT COUNTY TREASURER 1998 REAL ESTATE TAX STATEMENT P.O. BOX 518, MOUNT VERNON, WA 98273 CUBBENT TAX INFORMATION

ACCOL	INT NUMBER
330301-0-	011-0012
P15245	4004

Property Description: (70.57 AC) 0/S#151 AF#751535 1973 TRN SF#807888 THE SOUTH 990 FEET OF GOVERNMENT LOT 5 EXCEPT THE FOLLOWING DESCRIBED TRACT: THAT PORTION OF GOVERNMENT LOT 5 IN SECTION 1 DEFINED AS FOLLOWS: BEGINNING AT A POINT ON THE WESTERLY

\*\*AUTOCR T8 6 4005 98238-05747434 00100100018672 AC 0018672

CAR-RT SORT \*\* BOO1

First half tax paid after April 30th requires interest plus

GEERDES MONTE GEERDES LUANNE 8 P 0 BOX 574 CONWAY WA 98238-0574

KEEP THIS

CURI	RENT TAX DIST	RIBUTION
State Levy Local School	I SD317	519.07 581.88
County	00011	282.61
City or Road		313.92
Port Dist.	P02	34.65
Fire Dist.	F03	93.30
Hospital Other	H01	
Cemetery Forest Fire	C1	15.30
Dike Drainage	DK22	1,048.32
Conservation	Futures	9.25
TOTAL CUR	RENT TAX	2 898 30

Second half tax becomes delinquent after OCTOBER 31st.

penalty on full amount.

TAX OF LESS THAN \$50.00 MUST BE PAID IN FULL

SEE REVERSE SIDE FOR OTHER INFORMATION.

CURRE	NI IAX DIST	RIBUTION	CORNEIN I IAX IIVI	CHIVIALION
State Levy Local School	SD317	519.07 581.88	Land Value Improvements	72,700 78,000
County City or Road Port Dist.	P02	282.61 313.92 34.65	TOTAL VALUE	150,700
Fire Dist. Hospital	F03 H01	93.30	Levy Code Levy Rate	2670 12.27590
Other Cemetery Forest Fire	C1	15.30	Voter Approved Tax Non Voter Approved Tax	591.14
Dike	DK22	1,048.32	Non voter Approved Tax	1,258.84
Drainage Conservation Futures TOTAL CURRENT TAX		9.25	General Tax Exemption (if any)	1,849.98
		2,898.30	Special Assessment	1,048.32
0100018672				

	TOTAL CUP	RRENT TAX	AND THE STREET STATE	2,8
	OTHER	TAX INFO	RMATION	
'EAR	INT./PEN.	04/98	T.	AX

BRING ALL PARTS WHEN PAYING IN PERSON